tion in the feet after 1 to 3 minutes; in 4 to 6 minutes anesthesia in the lower extremities set in, and 6 to 8 minutes this had reached up to a line somewhere between the umbilicus and the bimammillary space. After the lapse of ¼ hour, the sensibility of arms, shoulder and thorax was much diminished. Certain interesting cases are quoted, thus in one patient the entire body became analgesic, another had lost thermic sensibility. After 1½ to 3 hours sensation to pain returned from above downward and in not a few there was ataxia in the legs. Operations on the sexual organs seemed to be especially adapted to this form of narcosis. In hernia and appendicitis operations the method was less uniformly successful. For the neck and upper extremity it proved entirely inadequate. The usual dose employed was between 15 and 20 milligrams. Of after-effect, nausea and vomiting rarely disturbed the patient. Many, however, complained bitterly of headache, which lasted in some cases 2 to 3 days. Collapse symptoms were never found. JELLIFFE.

UEBER DIE PROGRESSE DER EPILEPSIE. Habermaas (Allg. Zeitschrift für Psychiatrie, 1901, lviii. s. 243).

The author has made a statistical study of, in all, 937 cases of epilepsy treated at the Epileptic Institute, Schloss Stetten, from 1869 to 1898. Of these 974 were out-patients, 22% were on admission under ten years of age, 58% between 11 and 20, 17% between 21 and 30, while only 2% were over 30.

Psychical disturbances other than weakmindedness were exceptional, 40% he classes as mentally normal, and in nearly one-half the cases the disease had been present less than five years, so that the collection of cases would seem on the whole a favorable one. The conclusions drawn from his various tables he summarizes as follows:

(1) Epilepsy is curable in 10.3% of the cases. (2) 17.3% of epileptics remain free from intellectual impairment. (3) 21% retain full ability to work, 30% have partial ability, while 49% can do no work. (4) The length of life of epileptics averages twenty-five years. (5) In 60%of the deaths, the epilepsy itself is the cause. ALLEN.

EPILEPTISCHE AANVALLEN NA BET GEBRUCK VAN CAMPHORA MONOBROMATA (Epileptic Attacks caused by Monobromate of Camphor). J. K. A. Wertheim-Salomonson (Weelblad van bet Nederlandsch Tijidschrift voor Geneeskunde, Sept. 29, 1900).

Case I.—Boy of eighteen under treatment for pollutions; monobromate of camphor and lupulin ordered. After taking one powder he was seized with an epileptic attack, during which he sustained a dislocation of the left arm.

Case II.—Male, aged twenty. Monobromate of camphor was given for pollutions and neurasthenia. After a single dose of camphor he had a convulsion.

Case III.—Similar to preceding.

This phenomenon has been noticed before. Koester recently recorded a case in which 1 gram of camphor monobromate caused two epileptic attacks. These convulsions represented genuine epilepsy. The cases exhibited subcutaneous hemorrhages and retrograde amnesia as well as other symptoms of the connected disease.

The literature of camphor monobromate has been carefully reviewed by the author. Lewin gives as a terminal symptom in overdoses the production of convulsions and unconsciousness. Husemann states that the overaction of camphor monobromate corresponds to acute camphoresia. Van Jaksch describes the symptoms of the latter, and these include epileptiform convulsions. The bulky ingestion of camphor causes gastritis, coma and convulsions. Eulenburg's Realencyclopadie gives the same account. Recent cases of camphor poisoning usually refer to the presence of convulsions (Craig, Brit. Med. Journ., II, 660; Spengin, Ibid, 1898, II, 84). Notwithstanding this fact, monobromate of camphor is continually recommended in epilepsy. It should be given with great caution where a convulsive predisposition is in evidence. CLARK.

EPILEPSIE ET APOPLEXIE (Epilepsy and Apoplexy. Brunet (Archives de Neurologie, March, 1900, lx., p. 224).

Cerebral diplegics are rarely epileptic although more than eighty per cent of infantile cerebral hemiplegics become so. A few of the latter may become diplegic with consequent improvement in the existing epilepsy. The explanation is made upon the hypothesis that bilateral brain palsy tends to a stability or equilibration of brain activity which is wanting in spasmodic infantile hemiplegia. However, such an hypothesis lacks much in real demonstration. Contrary to what would appear to be the case, apoplexy occurs but rarely as the result of true or essential epilepsy. This in a measure accounts for our lack of knowledge of the influence which a well-marked apoplexy would have on an existing epilepsy. A rare and unique case of this kind has been reported by Brunet. In this case of hereditary epilepsy of fifty years' standing, a superimposed apoplexy apparently cured the epilepsy. The case was a woman, who contracted epilepsy after an attack of scarlatina at seven years of age; the father was also epileptic. Typical epileptic convulsions occurred every one or two weeks for fifty years, at the end of which time she suffered an incomplete left hemiplegia. During the next three years the seizures gradually diminished. After this period and for seventeen years, until the date of her death by a second stroke of apoplexy, she did not have another epileptic paroxysm of any kind although very carefully watched day and night for several years. Her mental state also underwent gradual improvement from the time of the stroke and the cessation of the epilepsy. Unfortunately, no autopsy was permitted for studying this clinico-pathological freak. CLARK.

CONSERVATIVE CRANIECTOMY IN EPILEPSY. (1) Thouvenet (Abstract by Miralliė in Arch. de Neurol., Mar., 1900); (2) W. P. Spratling (Philadelphia Med. Journ., Jan. 28, 1899); (3) Miralliė (Arch. de neurol., Mar. 1900).

Opposition to trephining for the cure of epilepsy is steadily growing and the unsatisfactory results are being constantly reported both in this country and abroad. In 1896 Thouvenet published a thesis containing the description of four "brilliant" permanent recoveries of Jacksonian epilepsy by trephining, which finally relapsed after a considerable period of freedom from seizures. Recently Spratling has reported in detail seven cases from an experience of twice that number, in which craniectomy was followed by harmful results to the epileptic by hastening status and dementia. In these cases beneficial results were also reported a short time after operation. Bourneville two years ago presented a careful thesis on failures in craniectomy for the treatment of epilepsy.